

## Clinical manifestations of MPS VI

Organ system	Complications
<b>Ear, nose, throat, and respiratory</b> <sup>1,2</sup>	<p>GAG accumulation in the oropharynx and airway, combined with typical dysmorphic features and restrictive lung disease, can cause</p> <ul style="list-style-type: none"> <li>• Thickening of the nose, lips, and tongue</li> <li>• Severe hearing impairment</li> <li>• Recurrent otitis media</li> <li>• Narrow trachea and excessive and thickened secretions</li> <li>• Obstructive sleep apnea</li> <li>• Recurrent pulmonary infections and pneumonia</li> <li>• Skeletal problems and reduced lung function and volume</li> <li>• The need for a respiratory device such as a CPAP machine or surgical insertion of an endotracheal tube to aid breathing</li> </ul>
<b>Cardiovascular</b> <sup>3-5</sup>	<p>Cardiovascular abnormalities are a major cause of morbidity and mortality among patients with MPS VI</p> <ul style="list-style-type: none"> <li>• Heart murmurs</li> <li>• Mitral and aortic valve degeneration</li> <li>• Electrocardiographic abnormalities</li> <li>• Coronary artery disease</li> <li>• Systemic vascular narrowing and hypertension</li> <li>• Cardiomyopathy</li> </ul>
<b>Skeletal</b> <sup>2-4</sup>	<p>Skeletal deformities and other clinical manifestations are seen in patients with MPS VI</p> <ul style="list-style-type: none"> <li>• Dysostosis multiplex</li> <li>• Spinal cord or nerve root injury</li> <li>• Coarse facial features</li> <li>• Short stature</li> <li>• Joint abnormalities</li> <li>• Chest rib cage restriction</li> <li>• Growth impairment</li> <li>• Profound dwarfism</li> <li>• Limited mobility</li> <li>• Claw hands</li> </ul>
<b>Ophthalmic</b> <sup>3, 4, 6, 7</sup>	<p>Visual impairment occurs in ~40% of patients with MPS VI</p> <ul style="list-style-type: none"> <li>• Most patients are farsighted</li> <li>• Corneal clouding occurs in 95% of all patients</li> <li>• Retinopathy</li> <li>• Optic nerve abnormalities</li> <li>• Ocular hypertension and glaucoma</li> </ul>
<b>Dental</b> <sup>8</sup>	<p>Dental abnormalities are common in patients with MPS VI and include</p> <ul style="list-style-type: none"> <li>• Mandibular condylar hypoplasia</li> <li>• Malposition of unerupted teeth</li> <li>• Large dental follicles</li> <li>• Anterior open bite</li> <li>• Maxillary constriction</li> <li>• Taurodontism</li> </ul>
<b>CNS/PNS</b> <sup>3,4</sup>	<p>MPS VI involves no direct impairment of CNS activity, such that the patient's intelligence is typically normal despite the great physical disease burden</p> <ul style="list-style-type: none"> <li>• GAG accumulation causes carpal tunnel syndrome, intracranial pressure, and progressive compressive myelopathy</li> <li>• Loss of dexterity and fixed flexion</li> <li>• CNS stenosis and spinal cord compression</li> <li>• Severe pain caused by compressed or traumatized nerves and nerve roots</li> </ul>
<b>Organ systems</b> <sup>3</sup>	<p>The abdomen in patients with MPS VI is large and protruding due to the enlarged liver and spleen, often with the presence of inguinal and/or umbilical hernia</p>

Abbreviations: CNS, central nervous system; CPAP, continuous positive airway pressure; GAG, glycosaminoglycan; MPS VI, mucopolysaccharidosis VI; PNS, peripheral nervous system.

**References:** **1.** Lin H-Y, Chen M-R, Lin C-C, et al. Polysomnographic characteristics in patients with mucopolysaccharidoses. *Pediatr Pulmonol.* 2010;45(12):1205-1212. doi:10.1002/ppul.21309. **2.** Muhlebach MS, Wooten W, Muenzer J. Respiratory manifestations in mucopolysaccharidoses. *Paediatr Respir Rev.* 2011;12(2):133-138. doi:10.1016/j.prrv.2010.10.005. **3.** Valayannopoulos V, Nicely H, Harmatz P, Turbeville S. Mucopolysaccharidosis VI. *Orphanet J Rare Dis.* 2010;5:5. doi:10.1186/1750-1172-5-5. **4.** Giugliani R, Harmatz P, Wraith JE. Management guidelines for mucopolysaccharidosis VI. *Pediatrics.* 2007;120:405-418. doi:10.1542/peds.2006-2184. **5.** Kampmann C, Lampe C, Whybra-Trumpler C, et al. Mucopolysaccharidosis VI: cardiac involvement and the impact of enzyme replacement therapy. *J Inherit Metab Dis.* 2014;37(2):269-276. doi:10.1007/s10545-013-9649-4. **6.** Willoughby CE, Ponzin D, Ferrari S, Lobo A, Landau K, Omid Y. Anatomy and physiology of the human eye: effects of mucopolysaccharidoses disease on structure and function—a review. *Clin Experiment Ophthalmol.* 2010;38:2-11. doi:10.1111/j.1442-9071.2010.02363.x. **7.** Ganesh A, Bruwer Z, Al-Thihli K. An update on ocular involvement in mucopolysaccharidoses. *Curr Opin Ophthalmol.* 2013;24(5):379-388. doi:10.1097/ICU.0b013e3283644ea1. **8.** Kantaputra PN, Kayserili H, Güven Y, et al. Oral manifestations of 17 patients affected with mucopolysaccharidosis type VI. *J Inherit Metab Dis.* 2014;37(2):263-268. doi:10.1007/s10545-013-9645-8.